

## EXHIBIT C

Attached is a copy of *Fort Randall Telephone Company's* FCC Form 481 as required by 47 C.F.R. §54.313 and 54.422.

<b>&lt;010&gt; Study Area Code</b>	391660
<b>&lt;015&gt; Study Area Name</b>	PORT RANDALL TELEPHONE COMPANY
<b>&lt;020&gt; Program Year</b>	2015
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Mark Aaberg
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	3208477109 ext.
<b>&lt;039&gt; Contact Email Address: Email of the person identified in data line &lt;030&gt;</b>	maaberg@hcinet.net

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	<b>54,313 Completion Required</b>	<b>54,422 Completion Required</b>
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			(check box when complete)	
<b>&lt;100&gt;</b>	Service Quality Improvement Reporting <span style="float: right;"><i>(complete attached worksheet)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;200&gt;</b>	Outage Reporting (voice) <span style="float: right;"><i>(complete attached worksheet)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;210&gt;</b>	<input checked="" type="checkbox"/> <- check box if no outages to report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;300&gt;</b>	Unfulfilled Service Requests (voice) <input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;310&gt;</b>	Detail on Attempts (voice) <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <span style="float: right;"><i>(attach descriptive document)</i></span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;320&gt;</b>	Unfulfilled Service Requests (broadband) <input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;330&gt;</b>	Detail on Attempts (broadband) <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <span style="float: right;"><i>(attach descriptive document)</i></span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;400&gt;</b>	Number of Complaints per 1,000 customers (voice)			
<b>&lt;410&gt;</b>	Fixed <input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;420&gt;</b>	Mobile <input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;430&gt;</b>	Number of Complaints per 1,000 customers (broadband)			
<b>&lt;440&gt;</b>	Fixed <input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;450&gt;</b>	Mobile <input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;500&gt;</b>	Service Quality Standards & Consumer Protection Rules Compliance <span style="float: right;"><i>(check to indicate certification)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;510&gt;</b>	<div style="border: 1px solid black; padding: 2px;">391660SD510.pdf</div> <span style="float: right;"><i>(attached descriptive document)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;600&gt;</b>	Functionality in Emergency Situations <span style="float: right;"><i>(check to indicate certification)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;610&gt;</b>	<div style="border: 1px solid black; padding: 2px;">391660SD610.pdf</div> <span style="float: right;"><i>(attached descriptive document)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;700&gt;</b>	Company Price Offerings (voice) <span style="float: right;"><i>(complete attached worksheet)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;710&gt;</b>	Company Price Offerings (broadband) <span style="float: right;"><i>(complete attached worksheet)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;800&gt;</b>	Operating Companies and Affiliates <span style="float: right;"><i>(complete attached worksheet)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;900&gt;</b>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;1000&gt;</b>	Voice Services Rate Comparability <span style="float: right;"><i>(check to indicate certification)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;1010&gt;</b>	<div style="border: 1px solid black; padding: 2px;">391660SD1010.pdf</div> <span style="float: right;"><i>(attach descriptive document)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;1100&gt;</b>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> <span style="float: right;"><i>(if not, check to indicate certification)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;1110&gt;</b>	<span style="float: right;"><i>(complete attached worksheet)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;1200&gt;</b>	Terms and Condition for Lifeline Customers <span style="float: right;"><i>(complete attached worksheet)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

<b>&lt;2000&gt;</b>	<span style="float: right;"><i>(check to indicate certification)</i></span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;2005&gt;</b>	<span style="float: right;"><i>(complete attached worksheet)</i></span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<b>&lt;3000&gt;</b>	<span style="float: right;"><i>(check to indicate certification)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;3005&gt;</b>	<span style="float: right;"><i>(complete attached worksheet)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt; Study Area Code</b>	391660
<b>&lt;015&gt; Study Area Name</b>	FORT RANDALL TELEPHONE COMPANY
<b>&lt;020&gt; Program Year</b>	2015
<b>&lt;030&gt; Contact Name - Person USAC should contact regarding this data</b>	Mark Aaberg
<b>&lt;035&gt; Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>	3208477109 ext.
<b>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	maaberg@ncinet.net

<b>&lt;110&gt; Has your company received its ETC certification from the FCC?</b>	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

**<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.**

391660SD112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<b>&lt;113&gt; Maps detailing progress towards meeting plan targets</b>		<input type="checkbox"/>
<b>&lt;114&gt; Report how much universal service (USF) support was received</b>		<input checked="" type="checkbox"/>
<b>&lt;115&gt; How (USF) was used to improve service quality</b>		<input checked="" type="checkbox"/>
<b>&lt;116&gt; How (USF) was used to improve service coverage</b>		<input checked="" type="checkbox"/>
<b>&lt;117&gt; How (USF) was used to improve service capacity</b>		<input checked="" type="checkbox"/>
<b>&lt;118&gt; Provide an explanation of network improvement targets not met in the prior calendar year.</b>		<input type="checkbox"/>

**(200) Service Outage Reporting (Voice)  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035> Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

<220>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

(700) Price Offerings including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	maaberg@hcinet.net

<b>&lt;701&gt; Residential Local Service Charge Effective Date</b>	1/1/2014
<b>&lt;702&gt; Single State-wide Residential Local Service Charge</b>	

<703>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<d>
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees

--- See attached worksheet

REDACTED – FOR PUBLIC INSPECTION

<b>(710) Broadband Price Offerings Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	391660
<015> Study Area Name	FORT RANDALL TELEPHONE COMPANY
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035> Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached <i>(select)</i>

See attached worksheet

<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	391660
<015>	Study Area Name	FORT RANDALL TELEPHONE COMPANY
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<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

<810>	Reporting Carrier	Fort Randall Telephone
<811>	Holding Company	Hanson Communications
<812>	Operating Company	Fort Randall Telephone

<813>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-- See attached worksheet --			

(900) Tribal Lands Reporting  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	391660
<015> Study Area Name	FORT RANDALL TELEPHONE COMPANY
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035> Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

<910> Tribal Land(s) on which ETC Serves

Yankton Sioux & Ogalala Sioux

<920> Tribal Government Engagement Obligation

391660SD900.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)
Yes
Yes
Yes
Yes
Yes
Yes
NA
NA
Yes



(1100) No Terrestrial Backhaul Reporting  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	391660
<015>	Study Area Name	PORT RANDALL TELEPHONE COMPANY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg
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<039>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	391660
<015> Study Area Name	FORT RANDALL TELEPHONE COMPANY
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mark Aaberg
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<039> Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

391660SD1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

<1222> Details on the number of minutes provided as part of the plan,

<1223> Additional charges for toll calls, and rates for each such plan.

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	391660
<015>	Study Area Name	FORT RANDALL TELEPHONE COMPANY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg
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<039>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

# REDACTED – FOR PUBLIC INSPECTION

<b>[3000] Rate Of Return Carrier Additional Documentation</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	391660
<015> Study Area Name	FORT RANDALL TELEPHONE COMPANY
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035> Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(iii)}

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}  (Yes/No)

(3014) If yes, does your company file the RUS annual report  (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?  (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

391660SD3026.pdf

Name of Attached Document Listing Required Information

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt; Study Area Code</b>	391660
<b>&lt;015&gt; Study Area Name</b>	FORT RANDALL TELEPHONE COMPANY
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<b>&lt;030&gt; Contact Name - Person USAC should contact regarding this data</b>	Mark Aaberg
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<b>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	maaberg@hcinet.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: FORT RANDALL TELEPHONE COMPANY	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/24/2014
Printed name of Authorized Officer: Bruce Hanson	
Title or position of Authorized Officer: Treasurer	
Telephone number of Authorized Officer: 3208477103 ext.	
Study Area Code of Reporting Carrier: 391660	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

*Attachments*









<b>&lt;010&gt; Study Area Code</b>	391660
<b>&lt;015&gt; Study Area Name</b>	MT. RUSHMORE TEL. CO.
<b>&lt;020&gt; Program Year</b>	2015
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Mark Aaberg
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	3208477109 ext.
<b>&lt;039&gt; Contact Email Address: Email of the person identified in data line &lt;030&gt;</b>	maaberg@hcinet.net

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	<b>54.313 Completion Required</b>	<b>54.422 Completion Required</b>
--	---	---

			<i>(check box when complete)</i>	
<b>&lt;100&gt;</b>	Service Quality Improvement Reporting <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>		
<b>&lt;200&gt;</b>	Outage Reporting (voice) <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;210&gt;</b>	<input checked="" type="checkbox"/> <- check box if no outages to report	<input checked="" type="checkbox"/>		
<b>&lt;300&gt;</b>	Unfulfilled Service Requests (voice) <input type="text" value="0"/>	<input checked="" type="checkbox"/>		
<b>&lt;310&gt;</b>	Detail on Attempts (voice) <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>			
<b>&lt;320&gt;</b>	Unfulfilled Service Requests (broadband) <input type="text" value="0"/>	<input checked="" type="checkbox"/>		
<b>&lt;330&gt;</b>	Detail on Attempts (broadband) <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>			
<b>&lt;400&gt;</b>	Number of Complaints per 1,000 customers (voice)			
<b>&lt;410&gt;</b>	Fixed <input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;420&gt;</b>	Mobile <input type="text" value="0.0"/>			
<b>&lt;430&gt;</b>	Number of Complaints per 1,000 customers (broadband)	<input checked="" type="checkbox"/>		
<b>&lt;440&gt;</b>	Fixed <input type="text" value="0.0"/>			
<b>&lt;450&gt;</b>	Mobile <input type="text" value="0.0"/>			
<b>&lt;500&gt;</b>	Service Quality Standards & Consumer Protection Rules Compliance <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;510&gt;</b>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;600&gt;</b>	Functionality in Emergency Situations <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;610&gt;</b>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;700&gt;</b>	Company Price Offerings (voice) <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>		
<b>&lt;710&gt;</b>	Company Price Offerings (broadband) <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>		
<b>&lt;800&gt;</b>	Operating Companies and Affiliates <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;900&gt;</b>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/> <i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>		
<b>&lt;1000&gt;</b>	Voice Services Rate Comparability <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>		
<b>&lt;1010&gt;</b>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>		
<b>&lt;1100&gt;</b>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> <i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/>		
<b>&lt;1110&gt;</b>	<i>(complete attached worksheet)</i>			
<b>&lt;1200&gt;</b>	Terms and Condition for Lifeline Customers <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

<b>&lt;2000&gt;</b>	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <i>(check to indicate certification)</i>			
<b>&lt;2005&gt;</b>	<i>(complete attached worksheet)</i>			

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<b>&lt;3000&gt;</b>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>		
<b>&lt;3005&gt;</b>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>		

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt;</b> Study Area Code	391660
<b>&lt;015&gt;</b> Study Area Name	MT. RUSHMORE TEL. CO.
<b>&lt;020&gt;</b> Program Year	2015
<b>&lt;030&gt;</b> Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<b>&lt;035&gt;</b> Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<b>&lt;039&gt;</b> Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

<b>&lt;110&gt;</b> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<b>&lt;111&gt;</b> year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

**<112>** Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

391660SD112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<b>&lt;113&gt;</b> Maps detailing progress towards meeting plan targets		<input type="checkbox"/>
<b>&lt;114&gt;</b> Report how much universal service (USF) support was received		<input checked="" type="checkbox"/>
<b>&lt;115&gt;</b> How (USF) was used to improve service quality		<input checked="" type="checkbox"/>
<b>&lt;116&gt;</b> How (USF) was used to improve service coverage		<input checked="" type="checkbox"/>
<b>&lt;117&gt;</b> How (USF) was used to improve service capacity		<input checked="" type="checkbox"/>
<b>&lt;118&gt;</b> Provide an explanation of network improvement targets not met in the prior calendar year.		<input type="checkbox"/>

**REDACTED – FOR PUBLIC INSPECTION**

<b>(200) Service Outage Reporting (Voice)</b> Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt;</b>	Study Area Code	391660
<b>&lt;015&gt;</b>	Study Area Name	MT. RUSHMORE TEL. CO.
<b>&lt;020&gt;</b>	Program Year	2015
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
<220>	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

**REDACTED – FOR PUBLIC INSPECTION**

<b>(700) Price Offerings including Voice Rate Data Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code 391660

---

<015> Study Area Name MT. RUSHMORE TEL. CO.

---

<020> Program Year 2015

---

<030> Contact Name - Person USAC should contact regarding this data Mark Aaberg

---

<035> Contact Telephone Number - Number of person identified in data line <030> 3208477109 ext.

---

<039> Contact Email Address - Email Address of person identified in data line <030> maaberg@hcinet.net

---

<701> Residential Local Service Charge Effective Date 1/1/2014

<702> Single State-wide Residential Local Service Charge  

	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<C>
<703>	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
	-- See attached worksheet								

**REDACTED – FOR PUBLIC INSPECTION**

<b>(710) Broadband Price Offerings Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt;</b>	<b>Study Area Code</b>	391660
<b>&lt;015&gt;</b>	<b>Study Area Name</b>	MT. RUSHMORE TEL. CO.
<b>&lt;020&gt;</b>	<b>Program Year</b>	2015
<b>&lt;030&gt;</b>	<b>Contact Name - Person USAC should contact regarding this data</b>	Mark Aaberg
<b>&lt;035&gt;</b>	<b>Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>	3208477109 ext.
<b>&lt;039&gt;</b>	<b>Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	maaberg@hcinet.net

<b>&lt;711&gt;</b>	<b>&lt;a1&gt;</b>	<b>&lt;a2&gt;</b>	<b>&lt;b1&gt;</b>	<b>&lt;b2&gt;</b>	<b>&lt;c&gt;</b>	<b>&lt;d1&gt;</b>	<b>&lt;d2&gt;</b>	<b>&lt;d3&gt;</b>	<b>&lt;d4&gt;</b>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached <i>{select}</i>
									- See attached worksheet -

**REDACTED – FOR PUBLIC INSPECTION**

<b>(800) Operating Companies Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt;</b>	<b>Study Area Code</b>	391660
<b>&lt;015&gt;</b>	<b>Study Area Name</b>	MT. RUSHMORE TEL. CO.
<b>&lt;020&gt;</b>	<b>Program Year</b>	2015
<b>&lt;030&gt;</b>	<b>Contact Name - Person USAC should contact regarding this data</b>	Mark Aaberg
<b>&lt;035&gt;</b>	<b>Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>	3208477109 ext.
<b>&lt;039&gt;</b>	<b>Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	maaberg@hcinet.net
<b>&lt;810&gt;</b>	<b>Reporting Carrier</b>	Fort Randall Telephone
<b>&lt;811&gt;</b>	<b>Holding Company</b>	Hanson Communications
<b>&lt;812&gt;</b>	<b>Operating Company</b>	Mount Rushmore Telephone

<b>&lt;813&gt;</b>	<b>&lt;a1&gt;</b> <b>Affiliates</b>	<b>&lt;a2&gt;</b> <b>SAC</b>	<b>&lt;a3&gt;</b> <b>Doing Business As Company or Brand Designation</b>
	-- See attached worksheet --		



<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt;</b>	<b>Study Area Code</b>	391660
<b>&lt;015&gt;</b>	<b>Study Area Name</b>	MT. RUSHMORE TEL. CO.
<b>&lt;020&gt;</b>	<b>Program Year</b>	2015
<b>&lt;030&gt;</b>	<b>Contact Name - Person USAC should contact regarding this data</b>	Mark Aaberg
<b>&lt;035&gt;</b>	<b>Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>	3208477109 ext.
<b>&lt;039&gt;</b>	<b>Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	maaberg@hcinet.net

**<910>** Tribal Land(s) on which ETC Serves

Yankton Sioux and Ogalala Sioux

**<920>** Tribal Government Engagement Obligation

391660SD900.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921>** Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922>** Feasibility and sustainability planning;
- <923>** Marketing services in a culturally sensitive manner;
- <924>** Compliance with Rights of way processes
- <925>** Compliance with Land Use permitting requirements
- <926>** Compliance with Facilities Siting rules
- <927>** Compliance with Environmental Review processes
- <928>** Compliance with Cultural Preservation review processes
- <929>** Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)
Yes
Yes
Yes
Yes
Yes
Yes
NA
NA
Yes

<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010> Study Area Code	391660
<015> Study Area Name	MT. RUSHMORE TEL. CO.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035> Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	391660
<015> Study Area Name	MT. RUSHMORE TEL. CO.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035> Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

391660SD1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

<b>(2000) Price Cap Carrier Additional Documentation</b> Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers.	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	391660
<015>	Study Area Name	MT. RUSHMORE TEL. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

- Incremental Connect America Phase I reporting**
- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}
  
- Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**
- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification
  
- Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**
- <2016> Certification Support Used to Build Broadband
  
- Connect America Phase II Reporting {47 CFR § 54.313(e)}**
- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

# REDACTED – FOR PUBLIC INSPECTION

**(3000) Rate Of Return Carrier Additional Documentation**

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	391660
<015>	Study Area Name	MT. RUSHMORE TEL. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan  
Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}

(Yes/No)

 

(3014) If yes, does your company file the RUS annual report

(Yes/No)

 

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No)

 

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

391660SD3026.pdf

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No: 3060-0986/OMB Control No: 3060-0819 July 2013
---	--

<b>&lt;010&gt;</b>	Study Area Code	391660
<b>&lt;015&gt;</b>	Study Area Name	MT. RUSHMORE TEL. CO.
<b>&lt;020&gt;</b>	Program Year	2015
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: MT. RUSHMORE TEL. CO.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/24/2014
Printed name of Authorized Officer: Bruce Hanson	
Title or position of Authorized Officer: Treasurer	
Telephone number of Authorized Officer: 3208477103 ext.	
Study Area Code of Reporting Carrier: 391660	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	391660
<015> Study Area Name	MT. RUSHMORE TEL. CO.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035> Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments









**REDACTED – FOR PUBLIC INSPECTION**

SAC: 391660

State: SD

Fort Randall Telephone Company

Form 481 Line No. 112 Five Year Service Quality Improvement Plan

---

**ATTACHMENT REDACTED IN ENTIRETY**

## REDACTED – FOR PUBLIC INSPECTION

Ft Randall Telephone

### **Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules**

#### Service Quality Standards

The Company:

- Provides voice grade access to the public switched network.
- Provides flat rated local exchange service with no additional charge to end users.
- Provides access to the emergency services provided by local government or other public safety organizations, such as 911 and enhanced 911.
- Provides toll blocking and toll limitation services.
- Advertises the availability of its services and the charges using media of general distribution and on its website.
- Maintains a business office providing customers with access to a customer service representative either in person or via a local telephone call or toll-free telephone number during normal business hours.
- Directs after hour calls to the Company's help desk.
- Directs trouble reports to the on-call technician.
- Tracks all service orders to ensure they are completed in a timely manner.
- Measures its service connection and service interruption performance on a regular basis.
- Trains employees to:
  - Answer all incoming calls promptly.
  - Respond to all inquiries for information promptly and courteously.
  - Investigate thoroughly all customer complaints and handle appropriately according to the Company's guidelines for resolution of customer complaints.
  - Be knowledgeable about products and service offerings so they can assist the customer with selecting the best service option.
- Has a process for periodic inspection, testing and preventive maintenance of its equipment to permit the rendering of safe, adequate and continuous service at all times.

#### Consumer Protection Rules

The Company has established operating procedures designed to facilitate compliance with applicable consumer protection rules which include compliance with the Customer Proprietary Network Information (CPNI) rules. The operating procedures include:

- Appointment of a compliance officer.
- A manual detailing the specific procedures for protecting consumer information.
- Employee training on an annual basis.
- A disciplinary process for improper use of consumer information.

## Ft Randall Telephone

### Functionality in Emergency Situations

#### Back-Up Power

The Company has a reasonable amount of back-up power to ensure functionality without an external power source. Switch, Remote, and DLCs\_ all have minimum 8 hour battery backup. Switch and Remote have standby generators, and we have portable generators to provide power to DLC cabinets if needed.

#### Rerouting of Traffic around Damaged Facilities

The Company is able to reroute traffic around damaged facilities. Our regulated inter-exchange and intra-exchange traffic is on a SONET ring with diverse routing to prevent being isolated by a fiber cut.

#### Traffic Spikes

We have some unused switching capacity to handle sporadic traffic spikes resulting from emergency situations. We have 204 2-way trunks between Company and CenturyLink's Tandem for inter-exchange traffic. We have 9 T1s for incoming traffic from CenturyLink.

Ft Randall Telephone  
(dba as Mt Rushmore Telephone)

Functionality in Emergency Situations

Back-Up Power

The Company has a reasonable amount of back-up power to ensure functionality without an external power source. Switch, Remote, and DLCs all have minimum 8 hour battery backup. Switch and Remote have standby generators, and we have portable generators to provide power to DLC cabinets if needed.

Rerouting of Traffic around Damaged Facilities

The Company is able to reroute traffic around damaged facilities. Our regulated inter-exchange and intra-exchange traffic is directly connected to Century Link within our central office.

Traffic Spikes

We have some unused switching capacity to handle sporadic traffic spikes resulting from emergency situations. We have 120 2-way trunks between Company and CenturyLink's Tandem for inter-exchange traffic. We have 5 T1s for incoming traffic from CenturyLink.

## REDACTED – FOR PUBLIC INSPECTION

SAC: 391660  
State: SD  
Fort Randall Telephone Company  
Form 481 Line 920 thru 929

### Description of Tribal Engagement

The Company has been involved in several projects related to improvements in the Yankton Sioux Tribal Authority. In addition, the Company has been in the process of improving services to the few customers it serves in the Ogalala Sioux reservation. Only recently (May, 2014) did we receive permission, after two years of waiting to cross a small portion of National Park property to enhance those services to our customers.

This past year we improved services, providing fiber to the premise, for the Yankton Sioux Tribal authority's law enforcement center, tribal headquarters, tribal hospital and Bureau of Indian Affairs building. At the present time, except for the project noted above in the Ogalala Sioux reservation, there are no new projects contemplated.

When you consider the provisions contained in the FCC's USF and ICC Transformation Order, paragraphs 636 and 637, and 47 CFR 54.313(a)(9), we believe our actions over the past year have demonstrated the Company willingness to, with tribal input, develop a needs assessment to assist with future service deployments on Tribal lands. All of the community anchor institutions for the locations we serve are being provided utilizing fiber. We continue to identify areas where we can improve on the sustainability of communications services on tribal lands. With the help of the Tribal Authority, we will attempt to identify additional steps that can be taken to make essential communications services deployed on Tribal lands both feasible and sustainable. The Company and Tribal authority will continue to explore ways in which we can coordinate or partner to ensure that services are marketed on tribal lands in a manner that will relate to the community and resonate with consumers, with the aim of increasing service adoption. Most recently, one of the significant challenges for improving service on Tribal Lands is the process of acquiring the relevant rights-of-way and other permitting activities associated with those activities. In the past, a simple call to the local Tribal Headquarters was sufficient to get the job done. Now, unless initiated by the Tribal Authority (and sometime despite their initiatives), we experience years of delay in receiving the appropriate rights-of-way or permits. We continue to work with those Tribal Authorities to review these processes and make them aware of the fact we are not delaying the process, but we have external (typically Federal) agencies involved in the approval process. The Company has and will continue to abide by the Tribal Authority's relevant and applicable Tribal business and licensing requirements.



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SAC: 391660

State: SD

Fort Randall Telephone

Form 481 Line No. 1010 Descriptive document for Voice Services Rate Comparability

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Line 1010 – Description of Voice Services Rate Comparability: Provide a detailed description of how your pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as published annually by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(10).

On March 20, 2014 the Wireline Competition Bureau announced results of the Urban Rate Survey for Voice Services; as part the FCC Public Notice DA 14-384. Referenced in this public notice are the results required to meet the rate comparability as noted:

“Based on the survey responses, the Bureau also calculated the reasonable comparability benchmark for voice services to be \$46.96. 9

9. Id. at 17694, para. 84.”

As required Fort Randall Telephone hereby certifies that its current fixed voice services for residential subscribers as defined in the USF/ICC Transformation Order is below \$46.96.

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**Ft Randall Telephone**

**Lifeline Terms and Conditions**

[Company] offers Lifeline program-supported service to qualified low-income residential consumers for one telephone line per eligible household. The Lifeline program provides discounts to eligible low-income consumers to help them establish and maintain telephone service. Lifeline assistance lowers the cost of basic, monthly local telephone service. Eligible consumers can receive \$9.25 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Toll Blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll blocking is available to eligible consumers at no cost. Also, by choosing this option, consumers are usually not charged a deposit.

**Lifeline Program Eligibility Information**

**Program Based Eligibility**

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

- Low-Income Home Energy Assistance Program (LIHEAP)
- Federal Public Housing Assistance (Section 8)
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- National School Lunch Program's Free Lunch Program
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)

Lifeline applicants must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying state, federal or Tribal program; notice letter of participation in a qualifying state, federal or Tribal program; program participation documents; or another official document evidencing the consumer's participation in a qualifying state, federal or Tribal program.

**Income Based Eligibility**

In addition, consumers are eligible for Lifeline if their household income is at or below 135% of the federal poverty guidelines.

**2013 Federal Poverty Guidelines – 135%**

<b>Household Size</b>	<b>48 Contiguous States and D.C.</b>	<b>Alaska</b>	<b>Hawaii</b>
1	\$15,512	\$19,373	\$17,861
2	\$20,939	\$26,163	\$24,098
3	\$26,366	\$32,954	\$30,335
4	\$31,793	\$39,744	\$36,572
5	\$37,220	\$46,535	\$42,809
6	\$42,647	\$53,325	\$49,046
7	\$48,074	\$60,116	\$55,283
8	\$53,501	\$66,906	\$61,520
For each additional person, add	\$5,427	\$6,791	\$6,237

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Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

### **Tribal Eligibility**

A subscriber who lives on Tribal lands and is an eligible resident of Tribal lands is eligible for Tribal Lifeline service or Tribal Link Up if the subscriber, one or more of the subscriber's dependents, or the subscriber's household participates in any of the above-listed qualifying assistance programs or one of the following Tribal-specific federal assistance programs: Bureau of Indian Affairs General Assistance; Tribally Administered Temporary Assistance for Needy Families; Head Start (if income eligibility criteria are met); or the Food Distribution Program on Indian Reservations (FDPIR). Tribal subscribers may also qualify if the household income is at or below 135% of the Federal Poverty Guidelines.

### **Numbers of Minutes-of-Use Provided as Part of Lifeline Program Service**

[Company's] Voice Lifeline service includes unlimited local minutes-of-use within the toll-free calling area. [Company's] Voice Lifeline Plan does not include any free minutes-of-use for toll. Toll is billed at the standard toll rate depending on which interexchange carrier the consumer subscribes to for toll service. As part of the Lifeline service, Toll blocking is available to eligible consumers at no cost.

### **Rates**

Subscribers may receive the Lifeline credit on any type or grade of local service, including bundled services that are normally offered by [Company]. Advertised rates do not include any applicable taxes or surcharges.

### **Recertification of Lifeline Eligibility**

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

### **Additional Lifeline Program Information**

The Lifeline program is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined, for purposes of the Lifeline program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

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SAC: 391660

State: SD

Fort Randall Telephone Company

Form 481 Line No. 3026

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**ATTACHMENT REDACTED IN ENTIRETY**